

May 31, 2002

REQUIRED CONSULTATIONS WITH NURSES

1. PURPOSE: This Veterans Health Administration (VHA) directive implements new requirements related to consultation with nurses.

2. BACKGROUND: Public Law 106-419, the Veterans Benefits and Health Care Improvement Act of 2000, added a new section, Section 7323, to Title 38, United States Code (U.S.C.), requiring consultation with nurses in areas that impact clinical services, clinical outcomes, budget, and resources.

3. POLICY: It is VHA policy to comply with 38 U.S.C., Section 7323, that requires consultation with registered nurses relative to recommendations or decisions affecting clinical services, clinical outcomes, budget, or resources.

4. ACTION

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring that:

(1) The VISN Director, in formulating policy relating to the provision of patient care, consult regularly with a senior Nurse Executive or senior Nurse Executives; and

(2) The medical center Director include a registered nurse as a member of any committee that provides recommendations or decisions on medical center operations or policy affecting clinical services, clinical outcomes, budget, or resources.

b. **Veterans Integrated Service Network (VISN) Directors.** VISN Directors are responsible for including senior Nurse Executives as members on decision making committees to include, but not limited to, the Network Executive Leadership Committees and other decision-making bodies that impact nursing practice and the delivery of nursing care. VISN Directors are to consult with Nurse Executives regarding the inclusion of other nurses on appropriate VISN committees or work groups.

c. **Facility Directors and Care Line Managers.** Facility Directors and Care Line Managers are responsible for collaborating with the Nurse Executive to determine appropriate nursing members for local committees that provide recommendations or decisions affecting clinical services, clinical outcomes, budget, or resources. Such committees include, but are not limited to: Clinical Executive Boards, Administrative Executive Boards, Resource Allocations, and Strategic Planning Committees.

5. REFERENCES: None.

THIS VHA DIRECTIVE EXPIRES MAY 31, 2007

VHA DIRECTIVE 2002-031
May 31, 2002

6. FOLLOW-UP RESPONSIBILITY: The Office of Patient Care Services (118) is responsible for the content of the Directive.

7. RECISSION: This VHA Directive expires May 31, 2007.

S/ by Nevin M. Weaver for
Robert H. Roswell, M.D.
Under Secretary for Health

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